## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09837353

| CLAIMS AS FILED - PART I   |  |   |                    |                      |                                       |                          |               |   | SMALL ENTITY TYPE      |       |                         | OTHER THAN OR SMALL ENTITY |  |
|--|--|---|--------------------|----------------------|---------------------------------------|--------------------------|---------------|---|------------------------|-------|-------------------------|----------------------------|--|
| TOTAL CLAIMS   |  |   | (Column 1)         |                      | (Column 2)                            |                          | r             |   |                        | OR    |                         |                            |  |
| TOTAL CLAIMS   |  |   | 26                 |                      |                                       | 7                        | .             | RATE                                    | FEE                    |       | RATE                    | FEE                        |  |
| FOR  |  |   | NUMBER FILED       |                      | NUMBER EXTRA                          |                          | . [           | BASIC FEE                               | 355.00                 | OR    | BASIC FEE               | 710.00                     |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 25 minus 20=       |                      | . 5                                   |                          | . L           | X\$ 9=                                  |                        | OR    | X\$18=                  | 90                         |  |
|  | EPENDENT CL                                    | <del></del>                                     | <b>5</b> minus 3 = |                      | * 2                                   |                          | . [           | X40=                                    |                        | OR    | X80=                    | 160                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                    |                      |                                       |                          | +135=         |   | OR                     | +270= |                         |                            |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                    |                      |                                       |                          | TOTAL         |   | OR                     | TOTAL | 960                     |                            |  |
| CLAIMS AS AMENDED - PART II  |  |   |                    |                      |                                       |                          |               |   |                        |       | OTHER THAN SMALL ENTITY |                            |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                    |                      |                                       |                          |               | SMALL E                                 |                        | OR    | SMALL                   |                            |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                    | NUM<br>PREVI         | HEST<br>NBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA         |               | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE     |  |
|  | Total  | . 3 /   | Minus              | ** 7                 | 5                                     | =6                       |               | X\$ 9=                                  |                        | OR    | X\$18=                  |                            |  |
|  | Independent                                    | * S   | Minus              | ***                  | S CLAIM                               | =                        |               | X40=                                    |                        | OR    | X80=                    |                            |  |
| <u> </u>   | FIRST PRESE                                    | NTATION OF MI                                   | JLIIPLE DEF        | ENDEN                | T CLAIN                               |                          | <b>'</b> [    | +135=                                   |                        | OR    | +270=                   |                            |  |
|  |  |   |                    |                      |                                       |                          | _             | TOTAL<br>ADDIT. FEE                     |                        | OR    | TOTAL<br>ADDIT. FEE     |                            |  |
|  |  | (Column 1)                                      |                    |                      |                                       |                          | •             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ٠                      |       |                         |                            |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                    | HIGH<br>NUM<br>PREVI | mn 2)<br>HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA         | $\Big] \Big[$ | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE     |  |
|  | Total  | *   | Minus              | **                   |                                       | =                        | ]             | X\$ 9=                                  |                        | OR    | X\$18=                  |                            |  |
|  | Independent                                    | *   | Minus              | ***                  | - 01 4 114                            | <u> -</u>                | ┨╏            | X40=                                    |                        | OR    | X80=                    |                            |  |
| L  | FIRST PRESE                                    | NTATION OF M                                    | JLTIPLE DEP        | ENDEN                | CLAIM                                 |                          | ┛╏            | +135=                                   |                        | OR    | +270=                   |                            |  |
|  |  |   |                    |                      |                                       |                          |               | TOTAL                                   |                        | OR    | TOTAL<br>ADDIT. FEE     |                            |  |
|  |  | (Oaluman 4)                                     |                    | (Calu                | mn 0\                                 | (Calumn 2)               |               | ADDIT. FEE                              |                        | L     | ADDIT. FEE              |                            |  |
| AMENDMENT C  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | <i>(</i> * 74.)    | HIGH<br>NUM<br>PREVI | MN 2)<br>HEST<br>MBER<br>OUSLY<br>FOR | (Column 3) PRESENT EXTRA | <u> </u>      | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE     |  |
|  | Total  | *   | Minus              | **                   |                                       | =                        | 1             | X\$ 9=                                  | _ FEE                  | OR    | X\$18=                  |                            |  |
|  | Independent                                    | *   | Minus              | ***                  |                                       | =                        | <b>1</b>      | X40=                                    | ····                   |       | X80=                    |                            |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                      |                                       |                          |               |   |                        | OR    | <u> </u>                |                            |  |
| +135=  |  |   |                    |                      |                                       |                          |               |   |                        | OR    | +270=                   |                            |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                    |                      |                                       |                          |               |   |                        |       |                         |                            |  |